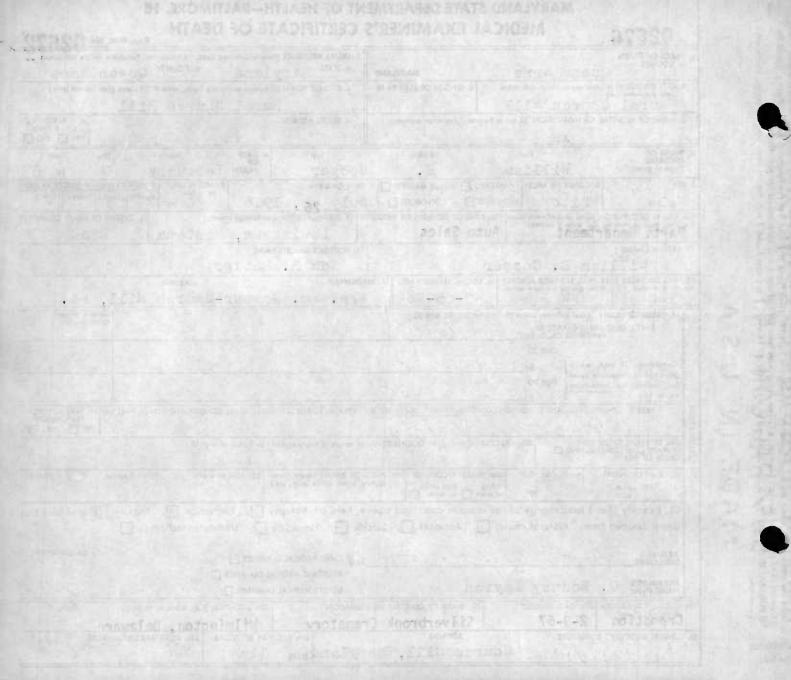
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FOR STATE		02674					CERTIFICATE (02	2670	
EALTH DEPT.		PLACE OF DEATH O. COUNTY Queen	Anne		MARY	LAND	2. USUAL RESIDENCE o. STATE Mary]	(Where deceo	sed lived, if institut b. COUI	VTV	before odmi	
ry delay , and 3 PM3. Pa artment		write RURAL and	If outside corporate limits digive nearest town)	s,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o			RAL ond give	neorest town)
2, P	$\overline{}$		AL OR INSTITUTION (If no				d. STREET ADDRESS			= 6)	e IS RI ON / YES	ESIDENCE A FARM? NO X
for death. It of Give Pages 1, and with farm the State De		NAME OF DECEASED (Type or print)	Fir George		Middle E.		lost B rooks	4. DATE OF DEATH	Mont F€	eb.	Doy 18,	Year
18. Give 18. Give e dong	S.	XBX	6. COLOR OR RACE W.	7. MARRIED - WIDOWED	NEVER MARRIED DIVORCED		8. DATE OF BIRTH Mar. 14,]	1903	AGE (In yeors last birthdoy) 63 yrs.	Months 1	YEAR IF UN Doys Hou	rs Min.
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ed within 24 in pencil in I Examiner's I. File pages 72 haurs aft			m Brooks				14. MOTHER'S MAIDEN Annie					
executed vanding" in I Medical Extra t permit. Fil within 72 H	1S. (Y∈	WAS DECEASED EVE s, no, or unknown) Yes	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service)	7-12-5634		rothy Brook	S	Chestert		Rural.	Md.
pe e "per			EATH (Enter only one cour TH WAS CAUSED BY. IMMEDIATE CAUSE		(o), (b), ond (c).)	1111	14111119	X/4/7	14 214.		INTERVAL ONSET AN	BETWEEN
20 - 0		Conditions, if ony, rise to immediat		TO (b)	PHH HILL	1117	The Coron	nary o	cclusion	1	10 Mi	n
vertificate writing the writing the invarded to invarded to invarded as a boxed, and in		stoting the under		(c)	Ruptured	art	eriosclero	tic p	laque		10 mi	n
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12 2 2	IL CERTIFICATION	200. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.	USE WAS NTRIBUTING		1400		(Enter noture of injury in					
the the Ur fill ur fill nation	MEDICAL	Hour o.n p.n	n. 19	While of work		foct	CE OF INJURY (Home, for tory, street, office bldg., etc	:.)	(City or town)	(Соип	ity)	(Stote)
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Y MEDICA please e; al directar. retained AL DIRECTO		ACTUAL SIGNATURE	TH.	after	n		CHIEF MEDICA M.D. ASSISTANT ME	DICAL EXAMIN			22. DA	ATE SIGNED
necessary, please ethe funeral director 5 may be retained of FUNERAL DIRECT Health priar to bur	00	EXAMINER'S NAME (Type)	O.R.	Lay	Tonz	mi	DEPUTY MFDIO Address (Stree	et, city, town,	or county)	nti	ev1/1	i no
TO D nece the 5 m TO FU		BURIAL, CREMATIC	Feb.	22, 196	7 Hebro		metery	Man	CATION (City or To		County)	(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02675 CERTIFICATE OF DEATH death. law requires that the death certificate be executed within 24 hours after death. ampletely filled in by the funeral ve carbon papers. Pages 1 and event, within 72 haurs after deatl PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNT) MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ENTREVIL e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS YES NO C 3. NAME OF Middle 4. DATE Dov Year remove carban First Lost and campletely DECEASED OF DEATH FEBRUARY (Type or print) 9. AGE (In years INUNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** birthdoy) Months Doys Hours and in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY the attending physician sit permit. Then please HomE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DOWERS 17. INFORMANT TOQUO WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 10 ENTREVILLE 217-54-5215-KI cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit p ONSET AND DEATH Heart Failure signed by IMMEDIATE CAUSE (o) physician. DUE TO sive Carolio Vascula Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Vcd. use as the latth priar to b Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 15ed3e lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) detached for use te Dept. of Health NO NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detached State Dept. c (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While 19 ot work 21. I certify that (1) (this haspital) attended the deceased from Feb. . 1966 ta saw the deceased alive an Feb 22 1967, and that death accurred at 139 PM, fram causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING Les M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS. 22c. PHYSICIAN'S NAME (Type) director, shauld b 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL CREMATION. BURIE! 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S VR A15 (4) 20 M 1/66 Б

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4	PLAI	CE OF DEATH	Queen	Anne		MARYL	ND	2. USUAL RESIDENCE (V		sed lived. If Institu b. COUNT			
-			If outside corporate li			LENGTH OF STAY IN		c. CITY OR TOWN (II		porate limits, write			
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ŀ	_					I, give street address)		d. STREET ADDRESS		01102 011		e. IS R	SIDENCE
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L	Ma		White		WIDOWED [916	50 yrs.	Months Days	Haurs	Min.
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Г	3. FAT	HER'S NAME						14. MOTHER'S MAIDEN NAME					
_			iam E.					Ida N.	Butle				
1	Yes, no.	er unknown)	VER IN U. S. ARA	doles of ser	vicel			ORMANT		Address	77	24.2	
-	-	es		2	1	0-05-2846	1	irs. Wm. C	oope:	r-Church			
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:										0 1/1	ITERVAL BETWI	EN
		PART I. DEA	IMMEDIATE CA	USE (o)		140.3512	e	Gorzaraz	4 80	2 31/1/22		-1-jA	of the same
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L	5	PART II. OT	HER SIGNIFICAN	IT CONDI	TIONS CONT	RIBUTING TO DEATH	UT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(a	19. WAS	AUTOPSY RMED?
CERTIFICATION	3	SHAR	Mar	to.	1 6	hesitu						YES [NO P
В	PRI CA	EXTERNAL CAMARY OF COUSE OF DEATH	NTRIBUTING	20b.	DESCRIBE HO	OW INJURY OCCURRE	D. (Ent	er nature af injury in Par	t I or Part II	of item 1B.)			
		TIME OF INJU	IDV Manth D	ay, Year	20d. INJU	JRY OCCURRED 20e.	PLACE	OF INJURY (Home, form, street, affice bldg., etc.	20f. (Cit	y or tawn)	(Caunty)		(State)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02677		CERTIFICA	ATE OF DE	ATH			02673	2
1.		en Anne	MARYLAN	a. STATE	Delawa		ΓY		V
	b. CITY OR TOWN (If control of the c	outside corporate limits, live nearest town)	c. LENGTH OF STAY IN 13 Months		c. CITY OR TOWN (If outside corporate limits, write RURA) Smyrna				town)
	d. NAME OF HOSPITAL	or institution (if not Arms Nursi:	in hospital, give street addre	d. STREET AD	DRESS			e. IS RESID ON A FAI YES N	
3.	NAME OF DECEASED (Type or print)	Elmer P.	Corrie Middle	Last	4. DATI OF DEA	2/22/6		Day Year	
n	ale wh		VENTE DIVORCED	8. DATE OF BIR	002	9. AGE (In years I last birthday) 83 yrs.	FUNDER 1 Y Months Da	FAR HE LINDER 2	24 HRS. Min.
		lve kind of work done 10 a, even if retired Deal	b. KIND OF BUSINESS OR INDUSTRY	Wilm.	ACE (County & Sta	te, or foreign country)	12. CITIZ	ZEN OF WHAT YTRY? A	
13.	13. FATHER'S NAME Christopher Corrée 14. MOTHER'S MAIDEN NAME Mary Shimp								
15 (Ye	WAS DECEASED EVER II s, no, or unkown) (If yes NO	N U.S. ARMED FORCES? give war or dates of service)	16. SOCIAL SECURITY NO. 222 20 9958	17. INFORMANT Florenc	e Ward	Chestert		Md.	
			er line for (a), (b), and (c).1 teriosclerot	ic cardi	ovascul	ar disea		INTERVAL BETWOODSET AND DE	VEEN EATH
	1/22/ Cenditions, If any, v	DUE TO						rears	
	gave rise to imme cause (a), stating underlying cause last	the DUE TO							
CERTIFICATION	PART II. OTHER SIGNIF		RIBUTING TO DEATH BUT NOT	RELATED TO THE TERM	WINAL DISEASE CO	INDITION GIVEN IN P	ART1(a)	19. WAS AUTO PERFORM YES NO	
	20a. ACCIDENT WAS UNDER CONTRIBUTING (IF EITHER, NOTIFY W	INDERLYING 201 CAUSE OF DEATH IEDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRED. (Enter na	iture of Injury In	Part I or Part II of	Item 18.)		
MEDICAL	20c. TIME OF INJURY Hour a.m. p.m.	W	d. INJURY OCCURRED 20e.	PLACE OF INJURY (H factory, street, office	ome, farm, bldg., etc.)	(City or town)	(Count)	r) (Sta	ate)
		t (I) (this hospital) atte	ended the deceased from	11/11 that death occurre	, 19 63, to	o 2/23 from the causes a	, 19 ⁶ 7	, that (I) (we date stated a) last
	22a. SIGNATURE	De Mar			MED. DIRECTOR		22b. DATE		
	22c. PHYSICIAN'S NAME (Type)		Farr	Ches	tertown				
23a	REMOVAL (Specify) Burial	2/26/67	Silverbroo	ok Cem.	Wi	LOCATION (CIty, tov 1mington	, Del		te)
24	FUNERAL DIRECTOR	is Wells	Ghestertown	Md.	ATE FEB	2 8 1967	GISTRAR'S S	signature velas Que	der

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RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission . COUNTY b. COUNTY write RURAL and give nearest town) retained for your . IS RESIDENCE ON A FARM? State s after YES NO 3. NAME OF First Middle 4. DATE Month Year DECEASED OF with the (Type or print) DEATH 196 ar death. 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months 12. CITIZEN OF WHAT COUNTRY done during most of working life, ayan if retired 1/6 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyasgive war or detes of service) 28. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO cratic Cardio Vasula Conditions, if any, which gave rise to Immediate cause DUF TO (a), stating the undarlying cause lest. be used PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-11 WAS AUTOPSY CERTIFICATION PERFORMED? burial, Medical NO should 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) please execute the certificate, writing the 4 should be forwarded to the Chief Med TO FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to the statement of the sta PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Home, farm, ! Month, Day, Year 20d. INJURY OCCURRED | 20f. (City or town) (County) (State) Not While fectory, street, office bldg., etc.) While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry L and in my opinion Natural causes death resulted from: Accident Suicide Homicide Underermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or county) REMOVAL (Specify) Templeville Templeville, Maryland ADDRESS FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Greensbere, Maryland MAR

DEPARTMENT OF HEALTH

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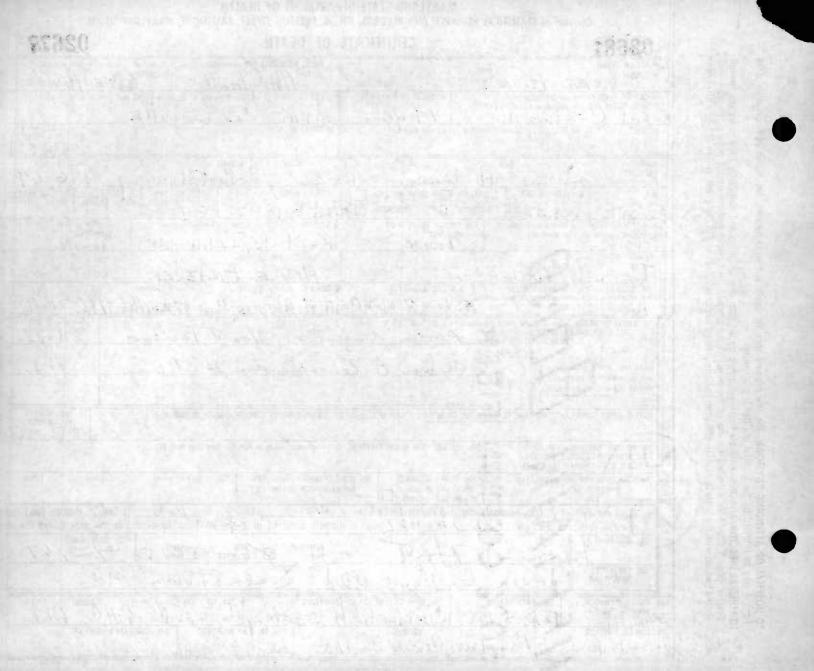
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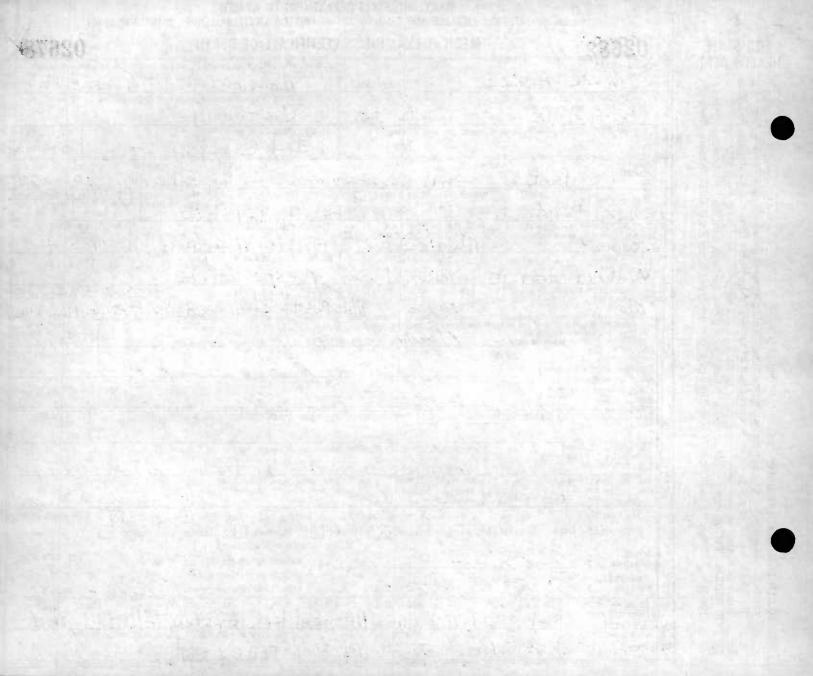
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY a. STATE ryland Queen Queen Anne Anne MARYLANO CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours SURTERSVITA Sudlersville Price mos. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address) papers/ IS RESIDENCE filled d. STREET ADDRESS within 72 ON A FARM? Home Kittvs Nursing YES NO X executed within completely carbon NAME OF First Middle Last DATE Month Day Year 4. DECEASED event, 19 67 Emma Anderson Massey DEATHFebruary (Type or print) 5. SEX 6. COLOR OR RACE | DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | and any Nov. White Female WIDOWED DIVORCED [15-196 90 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 2 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician please INDUSTRY COUNTRY? and Church Hill. USA Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph removal Martha Manson Richard Anderson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address permit. 0 death (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Ralph Swan--Price. Maryland cremation. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH al-transit signed by PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) burial-t burial, OUE TO Conditions, If any, which (b) peen gave rise to immediate the r **OUE TO** cause (a), stating 0 this certificate has b detached for use as the te Dept, of Health prior underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. PERFORMEO? NO T YES . 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Pert 11 of Item 18.) DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. Not While After Whlle be retained by ATTENDING p.m. at work at work olRECTOR: A age 3 should fled with the S P 1960 21. I certify that (I) (this haspital), attended the deceased from 192 19 6 and thet death occurred at_ _M, from the causes and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING Page 4 may b M.D. DIRECTOR PHYS. PHYS. TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p John Smith Centreville, Maryland NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) Hill. Church Hill Church Maryland Burial Feb FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. VR A15 (4) Church Hill. Marydama 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

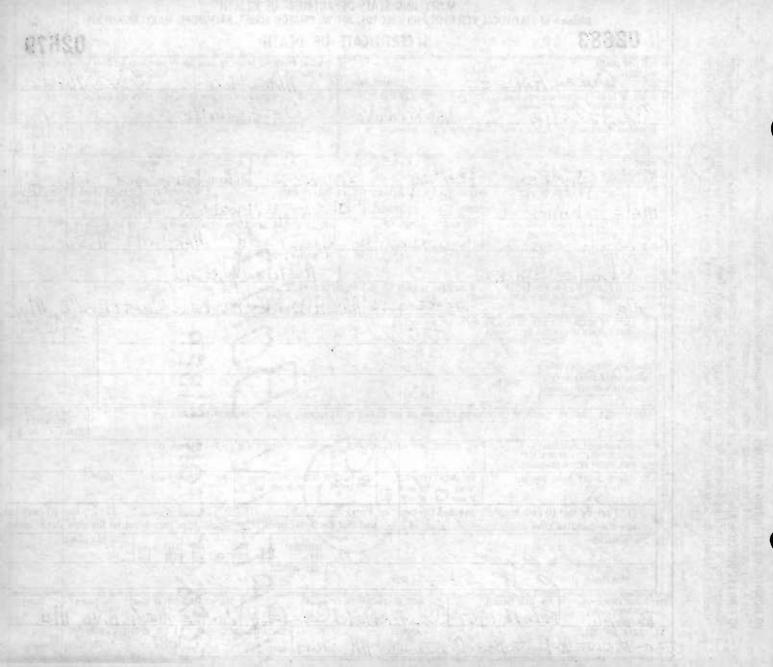
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. CDUNTY o. STATE Page of. death. MARYLAND Department b. CITY OR TDWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corparate_limits, write RURAL and give nearest town) and write RURAL and give neggest town) haurs after ENTREVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Office along with form ate Give Pages ND I haurs after death. 3. NAME OF Middle-DATE S within 72 Year DECEASED 0 OF ÷ DEATH 19 with 1 SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED AGE (In veors IF UNDER 24 HRS (ost birthdoy) Item 18. Hours WIDDWED DIVDRCED 10o. USUAL DCCUPATION (Give kind of work done 10b. KIND DF 12. CITIZEN OF WHAT during most of working life, even if retired) in any pages 13. FATHER'S NAME within and 15. WAS DECEASED EVER IN U.S. ARMED EDRCES? 16. SOCIAL SECURITY NO INFORMANT be executed permit. (Yes, no, onunknown) (If yes give war or dotes of service) remaval. NONE pending 18. CAUSE DF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY g IMMEDIATE CAUSE (o) This certificate shauld writing the ward crematian, DUE TD Conditions, if ony, which gove rise to immediate couse (o). DUE TD 0 stoting the underlying couse shauld be farwarded burial, nsed PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING AD DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTDPS)
PERFORMED? CERTIFICATION NO priar ta pe 20o. EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 3 shauld ! AL EXAMINER: 20c. TIME DF INJURY Month, Dov. Year 20e. PLACE DF INJURY (Home, form, (City or town) (Stote) Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page please execute ot work designated 21. I certify that I taok charge af the remains described above, held an Autapsy Inspection 🔀 and in my opinian the funeral director. deoth resulted from: Accident X Natural couses Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY pe 9 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health may NAME (Type) Address (Street, city, town, or county) Y 2-coilley 23o. BURIAL GREMATION. NAME OF CEMETERY OR CREMATORY 23d. LDCATIDN (City or Town (County) 0 EMORIAL EASTER 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02684 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence bef o. COUNTY g. STATE b COUNTY Poge 0 2. 0 Oueen Anne's Md. MARYLAND Oumen Anne's delay က with the Stote Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and PM3 Rural Chestertown Sudlersville. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? in pencil in Item 18. Give Poges YES NO X MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Office olong with NAME OF Middle First 4 DATE Doy Year DECEASED 1967 LEWIS SUDLER STORY February 27. Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours February, 11, 1909 Male White land2 event within 72 hours ofter death WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S.A. Md. Farming. word "pending" in pencil in the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amelia Wessell John Wesley Story 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 219-36-7113 Mrs. Mary Lola Story, Sudlersville, Md. 21668 No. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY Cerebereal Haemorrage Proble ONSET AND DEATH IMMEDIATE CAUSE (o) writing the word DUE TO Cercherral Artosclerosis duy Conditions, if ony, which gove rise to immediate couse (a), 0 = DUE TO stoting the underlying couse D. and forwarded 0.5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? removol, CUN - 19 65 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING 0 4 should CAUSE OF DEATH cremotion, 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldq., etc.) Not While FUNERAL DIRECTOR: Poge ot work ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X Inquiry 2 and in my apinian Natural causes Accident death resulted fram: Suicide Hamicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE 2-28-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 Bu PEMOVAL (Specify) Mar. 2, 1967 Sudlersville, Q.A.Co; Sudlersville Cemeterv Md. 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A 15ME (5) Millington, Md. 21651 Edward Fellows. MAR 3

MARYLAND STATE DEPARTMENT OF HEALTH

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(M)	02685 CERTIFICATE OF	DEATH Reg. Dist. No. 0268
	1. PLACE OF DEATH a. COUNTY O. STATE A MARYLAND 2. USUAL RI o. STATE	ESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY A.
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn). Rural — RURAL and Feville Rural — R	OR TOWN (If outside carporate limits, write RURAL and give nearest town) WALL - CENTRELIE 17-1 ET ADDRESS LE IS RESIDENCE
10	OR INSTITUTION	T ADDRESS e. IS RESIDENCE ON A FARM? YES I NO
	DECEASED	Lost of DEATH Feb. 23 1967
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BI WIDOWED DIVORCED M 6.	IRTH 9. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS IF UNDER 24 HRS Manths Days Hours Min.
(7)	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	HPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME JOHN F. Bam bary	lenny Bambary
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)	nt Woolford Centreville, Ma
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Park: NSon S	Discose Interval Between ONSET AND DEATH
	350X DUE TO P T 2 V inco	/
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1.
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	e af injury in Part I ar Port II af item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not while at wark at wark at wark	(Y (Home, form, 20f. (City ar town) (Caunty) (State bldg., etc.)
	21. I certify that I attended the deceased from 194 alive an Feb 15, 1967, and that death accurred to	- 413
	ACTUAL SIGNATURE From J. How M.D	DATE SIGNER Over 15 Tawn Date signer 2/23/67
1	PHYSICIAN'S Irvin G. Hoyt MD	ML,
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) FEb. 25, 1967 Chesterfield Eme	HERY CENTREVILLE Q. A.C. Md. 21617
B	formal of Bouts . Bouton Bur Cutwille Md 2161	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 7 DATE FB 2 7 1967 (Clipania Vicinia)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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